

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568160

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		/					51					
2			/					52					
3			/					53					
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48								98					
49								99					
50								100					
TOTAL IND.			3					TOTAL IND.					
TOTAL DEP.			11					TOTAL DEP.					
TOTAL CLAIMS			14					TOTAL CLAIMS					

PTO - 1360 (REV. 11/04)

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